

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 587436 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	2					
5	2					
6	2					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
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TOTAL IND.	1		1		1	
TOTAL DEP.	16	1	16	1	16	1
TOTAL CLAIMS	17		17		17	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1		1	
TOTAL DEP.			16	1	16	1
TOTAL CLAIMS			17		17	